

Deferral Amount Change Form

ACCG Retirement Services 457(b) Deferred Compensation Plan

Section I

Participant Name _____ Phone Number _____
Social Security # _____

Section II

Please change my deferral amount for each pay period to:

☐ I wish to defer the following amount each pay period as a 457(b) Pre-tax deferral \$ _____

☐ I wish to defer the following amount each pay period as a Roth 457(b) deferral \$ _____

Participant signature _____ Date _____

PLEASE GIVE THIS FORM TO YOUR PAYROLL OFFICE SO THEY CAN CHANGE YOUR DEFERRAL AMOUNT. DO NOT RETURN THIS FORM TO ACCG RETIREMENT SERVICES.